



ADVANCED HAZMAT LIFE SUPPORT PROVIDER CLASS MARCH 28-29, 2019 (SYRACUSE, NY)



Upstate Emergency Medicine

Sponsored by the Department of Emergency Medicine and the Upstate NY Poison Center, Upstate Medical University, Syracuse, New York.

Co-sponsored by the Arizona Emergency Medicine Center and the American Academy of Toxicology,

Tucson, AZ.
ODP APPROVED

www.aemrc.arizona.edu



**HANDS-ON
MANAGEMENT
FOR
ADVANCED
HAZMAT
SCENARIOS USING
HIGH-FIDELITY
HUMAN
SIMULATORS**

Meeting & Contact Information:

**Upstate Medical University
Department of Emergency
Medicine, EMSTAT Center
550 E. Genesee St., Ste. 103
Syracuse, NY 13202
Contact: Rose More
315-464-6197
Fax 315-464-1863
e-mail: morer@upstate.edu**

<http://www.upstate.edu/emergency/education/emstat/courses/ahls.php>

REGISTRATION FEE: \$550.00

**Registration deadline and payment due by
February 27, 2019

**On-Line Registration required
at www.ahls.org

**(register on-line & complete this registration form)

Check payable to: *Upstate Emergency Medicine Inc.*

Mail to: Upstate Medical University Department of Emergency
Medicine, EM-STAT Center, 550 E. Genesee St., Ste 103
Syracuse, NY 13202

(\$50.00 cancellation fee if canceled by 3/7/19, no refund will be issued after this date)

Are you prepared?

Poisons, chemical spills, dirty bombs – these are real threats in today’s hazardous world. The medical treatment of people exposed to toxic substances requires specialized knowledge and skills. Hospital and pre-hospital personnel need to be able to rapidly recognize the symptoms of exposure to particular toxic substances and immediately give specific antidotes or other appropriate medical treatment. Advanced HAZMAT Life Support TM(AHLSTM) is the first and most comprehensive training program to provide medical professionals the critical skills necessary to effectively manage all aspects of hazmat exposure.

Only the best trained and best educated medical professionals are prepared to handle any emergency situation anytime, anywhere. Become a verified AHLS Provider and be ready to face the medical challenges of hazmat incidents, such as chemical spills or bio-logical attacks.

Who should attend?

**Physicians, Physician Assistants, Nurses Nurse Practitioners, Toxicologists, Paramedics,
Pharmacists, Military Personnel and Other Healthcare**

(please print)
Last Name _____ First Name _____
____ MD, ____ DO, ____ Pharm.D., ____ RPh, ____ PA, ____ NP, ____ RN, ____ LPN, ____ EMT-P, Other _____
____ Home / ____ Work Address _____
City _____ State _____ Zip: _____ - _____
Work Phone _____ Home/Cell Phone _____
E-mail _____
Please indicate method of payment: ____ check payable to: **Upstate Emergency Medicine Inc.**
____ Visa ____ Master Card
Credit Card # _____ Exp Date _____ CRV # _____
Signature _____
Name as it appears on Credit Card (print) _____
Credit Card Billing Address:
Name: _____ same as registrant
Address _____ same as registrant
City _____ State _____ Zip: _____ - _____